## A. Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0

2. **Personnel Expenditures**
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $66,939
   - d. Total Personnel Expenditures: $291,040

3. **Operating Expenditures**
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $0

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**: $0

6. **Total Proposed Program Budget**: $291,040

## B. Revenues

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**: $0

## C. One-Time CSS Funding Expenditures**: $0

## D. Total Funding Requirements**: $291,040

## E. Percent of Total Funding Requirements for Full Service Partnerships**: $0
### EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

**County(ies):** Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** FSP-01  
**Date:** 12/20/06  
**Program Workplan Name:** Children’s System of Care  
**Prepared by:** David Uribe  
**Telephone Number:** 415-499-6819

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE</th>
<th>Total Salaries, Wages and Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Current Existing Positions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LMHP</td>
<td>0.40</td>
<td>$78,695</td>
<td>$31,478</td>
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<tr>
<td>LMHP- BIL</td>
<td>1.45</td>
<td>$83,297</td>
<td>$120,781</td>
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<tr>
<td>Family Partners</td>
<td>2.00</td>
<td>$35,921</td>
<td>$71,842</td>
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<td></td>
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<tr>
<td><strong>Total Current Existing Positions</strong></td>
<td>0.00</td>
<td>3.85</td>
<td></td>
<td>$224,101</td>
<td></td>
</tr>
<tr>
<td><strong>B. New Additional Positions</strong></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Total New Additional Positions</strong></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>C. Total Program Positions</strong></td>
<td>0.00</td>
<td>3.85</td>
<td></td>
<td>$224,101</td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**

- **a/** Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
- **b/** Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
EXHIBIT 5 b--Mental Health Services Act Community Services and Supports

Budget Narrative

Children's System of Care Full Service Partnership - Workplan # FSP - 01

County: Marin

Fiscal Year: 2007-08

Date: 2/6/06

A. Expenditures

Planned cost for 1 year

Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licenced Mental Health Practitioner</td>
<td>.40</td>
<td>31,478</td>
</tr>
<tr>
<td>Licenced Mental Health Practitioner - Bilingual</td>
<td>1.45</td>
<td>120,781</td>
</tr>
<tr>
<td>Family Partners</td>
<td>2.0</td>
<td>71,842</td>
</tr>
</tbody>
</table>

Total Existing Personnel: $224,101

c. Employee Benefits (estimated at 30% of salaries): $66,939

Total Personnel Expenditures: $291,040
<table>
<thead>
<tr>
<th>A. Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client, Family Member and Caregiver Support Expenditures</td>
</tr>
<tr>
<td>a. Clothing, Food and Hygiene $0</td>
</tr>
<tr>
<td>b. Travel and Transportation $0</td>
</tr>
<tr>
<td>c. Housing</td>
</tr>
<tr>
<td>i. Master Leases $0</td>
</tr>
<tr>
<td>ii. Subsidies $0</td>
</tr>
<tr>
<td>iii. Vouchers $0</td>
</tr>
<tr>
<td>iv. Other Housing $0</td>
</tr>
<tr>
<td>d. Employment and Education Supports $0</td>
</tr>
<tr>
<td>e. Other Support Expenditures (provide description in budget narrative) $0</td>
</tr>
<tr>
<td>f. Total Support Expenditures $0 $0 $0 $0</td>
</tr>
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<table>
<thead>
<tr>
<th>2. Personnel Expenditures</th>
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<tbody>
<tr>
<td>a. Current Existing Personnel Expenditures (from Staffing Detail) $0 Yes</td>
</tr>
<tr>
<td>b. New Additional Personnel Expenditures (from Staffing Detail) $0 Yes</td>
</tr>
<tr>
<td>c. Employee Benefits $0</td>
</tr>
<tr>
<td>d. Total Personnel Expenditures $0 $0 $0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Operating Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Professional Services $0</td>
</tr>
<tr>
<td>b. Translation and Interpreter Services $0</td>
</tr>
<tr>
<td>c. Travel and Transportation $0</td>
</tr>
<tr>
<td>d. General Office Expenditures $0</td>
</tr>
<tr>
<td>e. Rent, Utilities and Equipment $0</td>
</tr>
<tr>
<td>f. Medication and Medical Supports $0</td>
</tr>
<tr>
<td>g. Other Operating Expenses (provide description in budget narrative) $0</td>
</tr>
<tr>
<td>h. Total Operating Expenditures $0 $0 $0 $0</td>
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</table>

<table>
<thead>
<tr>
<th>4. Program Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Existing Program Management $0</td>
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<tr>
<td>b. New Program Management $0</td>
</tr>
<tr>
<td>c. Total Program Management $0 $0 $0</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>5. Estimated Total Expenditures when service provider is not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>$321,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Total Proposed Program Budget</th>
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</thead>
<tbody>
<tr>
<td>$0 $0 $321,000 $321,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Existing Revenues</td>
</tr>
<tr>
<td>a. Medi-Cal (FFP only) $0</td>
</tr>
<tr>
<td>b. Medicare/Patient Fees/Patient Insurance $0</td>
</tr>
<tr>
<td>c. Realignment $0</td>
</tr>
<tr>
<td>d. State General Funds $0</td>
</tr>
<tr>
<td>e. County Funds $0</td>
</tr>
<tr>
<td>f. Grants $0</td>
</tr>
<tr>
<td>g. Other Revenue $0</td>
</tr>
<tr>
<td>h. Total Existing Revenues $0 $0 $0 $0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. New Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medi-Cal (FFP only) $0</td>
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<tr>
<td>b. Medicare/Patient Fees/Patient Insurance $0</td>
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<td>c. State General Funds $0</td>
</tr>
<tr>
<td>d. Other Revenue $0</td>
</tr>
<tr>
<td>e. Total New Revenue $0 $0 $0 $0</td>
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</table>

<table>
<thead>
<tr>
<th>3. Total Revenues</th>
</tr>
</thead>
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<tr>
<td>$0 $0 $294,250 $294,250</td>
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</table>

<table>
<thead>
<tr>
<th>C. One-Time CSS Funding Expenditures</th>
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</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Total Funding Requirements</th>
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</thead>
<tbody>
<tr>
<td>$0 $0 $294,250 $294,250</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Percent of Total Funding Requirements for Full Service Partnerships</th>
</tr>
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EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin  Fiscal Year: 2007-08
Program Workplan #: FSP-02  Date: 2/2/06
Program Workplan Name: Transitional Age Youth  Page ___ of ___
Type of Funding: Full Service Partnership  Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 0  New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0  Prepared by: Teri Arrambide
Client Capacity of Program/Service Expanded through MHSA: 0  Telephone Number: 415-499-4253

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs a/</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE b/</th>
<th>Total Salaries, Wages and Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Current Existing Positions</td>
<td></td>
<td></td>
<td></td>
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<td>$0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Total Current Existing Positions</td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>B. New Additional Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>0.00</td>
<td>$0</td>
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<tr>
<td>Total New Additional Positions</td>
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<tr>
<td>C. Total Program Positions</td>
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<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>$0</td>
</tr>
</tbody>
</table>

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
A. Expenditures

5. Estimated Total Expenditures when service provider is not known $294,250

Marin County is currently developing a Request for Proposal for this program. The FY 2005-06 estimate of $275,000, is based on AB2034 (homeless, mentally ill program) and STAR data, and is calculated at $15,000 per client for 20 clients, with an offset of $25,000 in MediCal revenue. The estimate of $294,250 for FY 2007-08, includes an increase of 5.9%, in both expenditures and revenues, from the previous fiscal year. The budget details will be submitted when the provider is selected.
### A. Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. **Personnel Expenditures**
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $10,684
   - d. Total Personnel Expenditures: $46,454

3. **Operating Expenditures**
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $183,596

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**: $0

6. **Total Proposed Program Budget**: $230,050

### B. Revenues

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**: $8,560

### C. One-Time CSS Funding Expenditures**: $0

### D. Total Funding Requirements**: $-8,560

### E. Percent of Total Funding Requirements for Full Service Partnerships**: 100%
## EXHIBIT 5 b—Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Total Salaries, Wages and Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Current Existing Positions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Specialist</td>
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<td>0.50</td>
<td>$49,434</td>
<td>$24,717</td>
<td>$24,717</td>
</tr>
<tr>
<td>Peer Provider</td>
<td></td>
<td>0.50</td>
<td>$22,105</td>
<td>$11,053</td>
<td>$11,053</td>
</tr>
<tr>
<td><strong>Total Current Existing Positions</strong></td>
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<td>1.00</td>
<td></td>
<td>$35,770</td>
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<tr>
<td><strong>B. New Additional Positions</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total New Additional Positions</strong></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>C. Total Program Positions</strong></td>
<td></td>
<td>0.00</td>
<td>1.00</td>
<td></td>
<td>$35,770</td>
</tr>
</tbody>
</table>

<sup>a</sup> Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

<sup>b</sup> Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
EXHIBIT 5 a--Mental Health Services Act Community Services and Supports
Budget Narrative
STAR Full Service Partnership - Workplan# FSP- 03

County: Marin Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)
   Employment Specialist .50 FTE (increased 5.9% from prior year) 24,717
   Peer Provider .50 FTE (increased 5.9% from prior year) 11,053

   Total Existing Personnel $35,770

c. Employee Benefits (estimated at 30% of salaries) $10,684

Total Personnel Expenditures $46,454

Operating Expenditures

Total Operating Expenditures (increased 5.9% from prior year) $183,596

B. Revenues

($8,560)

D. Total Funding Requirements

$221,490
<table>
<thead>
<tr>
<th>County Mental Health Department</th>
<th>Other Governmental Agencies</th>
<th>Community Mental Health Contract Providers</th>
<th>Total</th>
</tr>
</thead>
</table>

### A. Expenditures

#### 1. Client, Family Member and Caregiver Support Expenditures

- a. Clothing, Food and Hygiene: $0
- b. Travel and Transportation: $0
- c. Housing:
  - i. Master Leases: $0
  - ii. Subsidies: $0
  - iii. Vouchers: $0
  - iv. Other Housing: $0
- d. Employment and Education Supports: $0
- e. Other Support Expenditures (provide description in budget narrative): $0
- f. Total Support Expenditures: $0

#### 2. Personnel Expenditures

- a. Current Existing Personnel Expenditures (from Staffing Detail): $0
- b. New Additional Personnel Expenditures (from Staffing Detail): $0
- c. Employee Benefits: $0
- d. Total Personnel Expenditures: $0

#### 3. Operating Expenditures

- a. Professional Services: $0
- b. Translation and Interpreter Services: $0
- c. Travel and Transportation: $0
- d. General Office Expenditures: $0
- e. Rent, Utilities and Equipment: $0
- f. Medication and Medical Supports: $0
- g. Other Operating Expenses (provide description in budget narrative): $0
- h. Total Operating Expenditures: $0

#### 4. Program Management

- a. Existing Program Management: $0
- b. New Program Management: $0
- c. Total Program Management: $0

#### 5. Estimated Total Expenditures when service provider is not known

Total: $428,000

#### 6. Total Proposed Program Budget

Total: $0

### B. Revenues

#### 1. Existing Revenues

- a. Medi-Cal (FFP only): $0
- b. Medicare/Patient Fees/Patient Insurance: $0
- c. Realignment: $0
- d. State General Funds: $0
- e. County Funds: $0
- f. Grants: $0
- g. Other Revenue: $0
- h. Total Existing Revenues: $0

#### 2. New Revenues

- a. Medi-Cal (FFP only): $0
- b. Medicare/Patient Fees/Patient Insurance: $0
- c. State General Funds: $0
- d. Other Revenue: $0
- e. Total New Revenue: $0

#### 3. Total Revenues

Total: $0

### C. One-Time CSS Funding Expenditures

Total: $0

### D. Total Funding Requirements

Total: $0

### E. Percent of Total Funding Requirements for Full Service Partnerships

Total: $0

---

*EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet*

<table>
<thead>
<tr>
<th>County(s): Marin</th>
<th>Fiscal Year: 2007-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Workplan #: FSP-04</td>
<td>Date: 2/2/06</td>
</tr>
<tr>
<td>Program Workplan Name: Older Adult</td>
<td></td>
</tr>
<tr>
<td>Type of Funding: Full Service Partnership</td>
<td>Months of Operation: 12</td>
</tr>
<tr>
<td>Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion: New</td>
<td></td>
</tr>
<tr>
<td>Existing Client Capacity of Program/Service:</td>
<td>Prepared by: Teri Arrambide</td>
</tr>
<tr>
<td>Client Capacity of Program/Service Expanded through MHSA: 0</td>
<td>Telephone Number: 415-499-4253</td>
</tr>
</tbody>
</table>
## Marin Fiscal Year: 2007-08

**FSP-04 Date:** 2/2/06

**Older Adult**

**Prepared by:** Teri Arrambide

**Telephone Number:** 415-499-4253

### EXHIBIT 5 b—Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs(^a)</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE(^b)</th>
<th>Total Salaries, Wages and Overtime</th>
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</thead>
<tbody>
<tr>
<td>A. Current Existing Positions</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>B. New Additional Positions</td>
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<td>0.00</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>C. Total Program Positions</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

\(^a\) Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

\(^b\) Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

---

**County(ies):** Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** FSP-04  
**Date:** 2/2/06  
**Type of Funding:** Full Service Partnership  
**Months of Operation:** 12  
**Proven Total Client Capacity of Program/Service:** 0  
**Existing Client Capacity of Program/Service:** 0  
**Client Capacity of Program/Service Expanded through MHSA:** 0  
**Prepared by:** Teri Arrambide  
**Telephone Number:** 415-499-4253

---

August 1, 2005
The older adult partnership will be a collaboration of the Marin County H&HS Divisions of Aging, Social Services and Community Mental Health. In fiscal year 2006-07, the estimated cost of $404,000 will be offset with Federal MediCal and MediCare funds of approximately $15,756. There is a projected increase of 5.9%, in both expenditures and revenues, in FY 2007-08.
### A. Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. **Personnel Expenditures**
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $22,781
   - d. Total Personnel Expenditures: $117,700

3. **Operating Expenditures**
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $101,650

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**: $0

### B. Revenues

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**: $0

### C. One-Time CSS Funding Expenditures

- **Total Funding Requirements**: $219,350

### D. Percent of Total Funding Requirements for Full Service Partnerships

- **Total Funding Requirements**: $219,350
- **Percentage**: 100%

---

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

**County(ies):** Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** SDOE-01  
**Date:** 12/20/05  
**Program Workplan Name:** Enterprise Resource Center Expansion  
**Program Workplan #:** SDOE-01  
**Type of Funding:** Outreach and Engagement  
**Months of Operation:** 12  
**Proposed Total Client Capacity of Program/Service:** New Program/Service or Expansion  
**Existing Client Capacity of Program/Service:** New  
**Prepared by:** David Uribe  
**Telephone Number:** 415-499-6819
EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin  Fiscal Year: 2007-08
Program Workplan #: SDOE-01  Date: 12/20/05
Program Workplan Name: Enterprise Resource Center Expansion  Page ___ of ___

Type of Funding 3. Outreach and Engagement

Proposed Total Client Capacity of Program/Service: 0  New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0  Prepared by: David Uribe
Client Capacity of Program/Service Expanded through MHSA: 0  Telephone Number: 415-499-6819

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs(^a)</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE(^b)</th>
<th>Total Salaries, Wages and Overtime</th>
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</thead>
<tbody>
<tr>
<td><strong>A. Current Existing Positions</strong></td>
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<td><strong>B. New Additional Positions</strong></td>
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<td><strong>C. Total Program Positions</strong></td>
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<td>2.00</td>
<td>$94,919</td>
</tr>
</tbody>
</table>

\(^a\) Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
\(^b\) Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
EXHIBIT 5a—Mental Health Services Act Community Services and Supports
Budget Narrative
Enterprise Resource Center Expansion - Workplan # SDOE - 01

A. Expenditures

Personnel Expenditures

b. New Additional Personnel Expenditures (from Staffing Detail)
   Program Director 1.0 FTE (increased 5.9% from previous year) 51,774
   Administrative Manager 1.0 FTE (increased 5.9% from previous year) 43,145

   Total Existing Personnel $94,919

c. Employee Benefits (estimated at 30% of salaries) $22,781

   Total Personnel Expenditures $117,700

Operating Expenditures

   Total Operating Expenditures (increased 5.9% from previous year) $101,650

D. Total Funding Requirements $219,350
### Marin Fiscal Year: 2007-08

**Program Workplan Name**: Supported Housing Expansion  
**Type of Funding**: System Development  
**SDOE-03 Date**: 12/20/05

**Proposed Total Client Capacity of Program/Service:** 
- New Program/Service or Expansion: Expansion

**Existing Client Capacity of Program/Service**:
- Prepared by: David Uribe
- County Mental Health Department
- Other Governmental Agencies
- Community Mental Health Contract Providers
- Total

#### A. Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $64,200
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. **Personnel Expenditures**
   - a. Current Existing Personnel Expenditures (from Staffing Detail): $0  
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $0
   - d. Total Personnel Expenditures: $0

3. **Operating Expenditures**
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $0

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**: $0

6. **Total Proposed Program Budget**: $64,200

#### B. Revenues

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**: $0

#### C. One-Time CSS Funding Expenditures**: $0

#### D. Total Funding Requirements**: $64,200

#### E. Percent of Total Funding Requirements for Full Service Partnerships**: $0

---

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

**County(ies):** Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** SDOE-03  
**Date:** 12/20/05

**Proposed Total Client Capacity of Program/Service:** Expansion  
**Existing Client Capacity of Program/Service:** Prepared by: David Uribe

**Client Capacity of Program/Service Expanded through MHSA:** 0  
**Telephone Number:** 415-499-6819

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**Page 1 of 1**

**Months of Operation:** 12  
**Type of Funding:** System Development

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**County Mental Health Department**  
**Other Governmental Agencies**  
**Community Mental Health Contract Providers**  
**Total**

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**Match Staffing Detail**
## EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

### County(ies): Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** SDOE-03  
**Date:** 12/20/05

**Program Workplan Name:** Supported Housing Expansion  
**Prepared by:** David Uribe  
**Telephone Number:** 415-499-6819

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<th>Classification</th>
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</table>

\(^a\) Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
\(^b\) Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Supported Housing Expansion - Workplan# FSP- 03

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known $64,200

CMHS will contract with a residential provider for this service. The estimate of $64,200 is a 5.9% increase in costs from FY 2006-07.
### A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. Personnel Expenditures
   - a. Current Existing Personnel Expenditures (from Staffing Detail): $0
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $0
   - d. Total Personnel Expenditures: $0

3. Operating Expenditures
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $0

4. Program Management
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. Estimated Total Expenditures when service provider is not known: $256,800

### B. Revenues

1. Existing Revenues
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. New Revenues
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. Total Revenues: $0

### C. One-Time CSS Funding Expenditures

- $0

### D. Total Funding Requirements

- $0

### E. Percent of Total Funding Requirements for Full Service Partnerships

- $0
**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Total Salaries, Wages and Overtime</th>
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<td>B. New Additional Positions</td>
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<tr>
<td>C. Total Program Positions</td>
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</table>

**Notes:**

- **a** Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
- **b** Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

August 1, 2005
A. Expenditures

5. Estimated Total Expenditures when service provider is not known $256,800

Marin County is currently developing a Request for Proposal for this program. The projected cost in fiscal year 2007-08 is an increase of 5.6% from the previous fiscal year. The budget details will be submitted when the provider is selected.
### A. Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing:
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. **Personnel Expenditures**
   - a. Current Existing Personnel Expenditures (from Staffing Detail): $0
   - b. New Additional Personnel Expenditures (from Staffing Detail): $16,478
   - c. Employee Benefits: $4,922
   - d. Total Personnel Expenditures: $21,400

3. **Operating Expenditures**
   - a. Professional Services: $0
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $0

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**
   - $0

### B. Revenues

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**
   - $3,210

### C. One-Time CSS Funding Expenditures
   - $0

### D. Total Funding Requirements
   - $18,190

### E. Percent of Total Funding Requirements for Full Service Partnerships
   - $18,190
### EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

**County(ies):** Marin  \hspace{2cm} **Fiscal Year:** 2007-08  
**Program Workplan #** SDOE-02  \hspace{2cm} **Date:** 12/20/05  
**Program Workplan Name** Vietnamese Capacity Expansion  \hspace{2cm}  

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<th>Function</th>
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<td>C. Total Program Positions</td>
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**Proposed Total Client Capacity of Program/Service:** 0  \hspace{2cm} **New Program/Service or Expansion:** New  
**Existing Client Capacity of Program/Service:** 0  \hspace{2cm} **Prepared by:** David Uribe  
**Client Capacity of Program/Service Expanded through MHSA:** 0  \hspace{2cm} **Telephone Number:** 415-499-8819  

---

<sup>a/</sup> Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
<sup>b/</sup> Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.
EXHIBIT 5 a--Mental Health Services Act Community Services and Supports
Budget Narrative
Vietnamese Capacity Expansion - Workplan# SDOE- 02

County: Marin                                Fiscal Year: 2007-08
                                      Date: 2/6/06

A. Expenditures

Personnel Expenditures
b. New Additional Personnel Expenditures (from Staffing Detail)
   Social Services Worker - Bilingual .25 FTE (increased 5.9% from prior year) 16,478

   Total New Personnel $16,478

c. Employee Benefits (estimated at 30% of salaries) $4,922

Total Personnel Expenditures $21,400

B. Revenues

 ($3,210)

D. Total Funding Requirements $18,190
### Marin Fiscal Year: 2007-08

**SDOE-05 Date: 12/20/05**

#### Program Evaluation

**Type of Funding: System Development**

**Proposed Total Client Capacity of Program/Service:** New Program/Service or Expansion

**Client Capacity of Program/Service Expanded through MHSA:** 0

**Telephone Number:** 415-499-6819

**Prepared by:** David Uribe

---

#### A. Expenditures

<table>
<thead>
<tr>
<th></th>
<th>County Mental Health Department</th>
<th>Other Governmental Agencies</th>
<th>Community Mental Health Contract Providers</th>
<th>Total</th>
</tr>
</thead>
</table>

1. **Client, Family Member and Caregiver Support Expenditures**
   - a. Clothing, Food and Hygiene: $0
   - b. Travel and Transportation: $0
   - c. Housing
     - i. Master Leases: $0
     - ii. Subsidies: $0
     - iii. Vouchers: $0
     - iv. Other Housing: $0
   - d. Employment and Education Supports: $0
   - e. Other Support Expenditures (provide description in budget narrative): $0
   - f. Total Support Expenditures: $0

2. **Personnel Expenditures**
   - a. Current Existing Personnel Expenditures (from Staffing Detail): $0
   - b. New Additional Personnel Expenditures (from Staffing Detail): $0
   - c. Employee Benefits: $0
   - d. Total Personnel Expenditures: $0

3. **Operating Expenditures**
   - a. Professional Services: $53,500
   - b. Translation and Interpreter Services: $0
   - c. Travel and Transportation: $0
   - d. General Office Expenditures: $0
   - e. Rent, Utilities and Equipment: $0
   - f. Medication and Medical Supports: $0
   - g. Other Operating Expenses (provide description in budget narrative): $0
   - h. Total Operating Expenditures: $53,500

4. **Program Management**
   - a. Existing Program Management: $0
   - b. New Program Management: $0
   - c. Total Program Management: $0

5. **Estimated Total Expenditures when service provider is not known**
   - $0

6. **Total Proposed Program Budget**
   - $53,500

---

#### B. Revenues

<table>
<thead>
<tr>
<th></th>
<th>County Mental Health Department</th>
<th>Other Governmental Agencies</th>
<th>Community Mental Health Contract Providers</th>
<th>Total</th>
</tr>
</thead>
</table>

1. **Existing Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. Realignment: $0
   - d. State General Funds: $0
   - e. County Funds: $0
   - f. Grants: $0
   - g. Other Revenue: $0
   - h. Total Existing Revenues: $0

2. **New Revenues**
   - a. Medi-Cal (FFP only): $0
   - b. Medicare/Patient Fees/Patient Insurance: $0
   - c. State General Funds: $0
   - d. Other Revenue: $0
   - e. Total New Revenue: $0

3. **Total Revenues**
   - $0

---

#### C. One-Time CSS Funding Expenditures

- $0

#### D. Total Funding Requirements

- $53,500

#### E. Percent of Total Funding Requirements for Full Service Partnerships

- $0
## EXHIBIT 5 b–Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

<table>
<thead>
<tr>
<th>Classification</th>
<th>Function</th>
<th>Client, FM &amp; CG FTEs&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Total Number of FTEs</th>
<th>Salary, Wages and Overtime per FTE&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Total Salaries, Wages and Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Current Existing Positions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Current Existing Positions</strong></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>B. New Additional Positions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>0.00</td>
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<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total New Additional Positions</strong></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>C. Total Program Positions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Notes:**

- <sup>a</sup> Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
- <sup>b</sup> Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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**County(ies):** Marin  
**Fiscal Year:** 2007-08  
**Program Workplan #:** SDOE-05  
**Date:** 12/20/05  
**Program Workplan Name:** Program Evaluation  
**Prepared by:** David Uribe  
**Telephone Number:** 415-499-6819  
**Type of Funding:** System Development  
**Months of Operation:** 12  

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**August 1, 2005**
EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Program Evaluation - Workplan# SDOE- 05

County: Marin
Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures
Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known $53,500

CMHS plans to hire outside consultants for this service. There is a 5.9% Increase in cost from the previous fiscal year.